24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
Majority PAC	C C00484642
Check If 24-hour report X 48-hour report New report Amends report file	led on M M / D D / Y Y Y Y Y
Full Name (Last, First, Middle Initial) of Payee Waterfront Strategies	Date
Mailing Address 3050 K Street, NW	08 27 2012
Suite 100	Amount
City State Zip Code	
Washington DC 20007	49760.38 Transaction ID : D419612
Purpose of Expenditure Category/ Type	ffice Sought: House State: FL Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President
Connie Mack	heck One: Support X Oppose
Calendar Year-To-Date Per Election for Office Sought 791149.92	isbursement For: Primary General 12 Other (specify)
Full Name (Last, First, Middle Initial) of Payee Well & Lighthouse, LLC Estimate	Date 08 27 / Y 2012
Mailing Address 1244 19th Street NW	
	Amount
City State Zip Code Washington DC 20036	11500.00
Purpose of Expenditure Online Advertising Category/ Type	Transaction ID : D419611
Name of Federal Candidate Supported or Opposed by Expenditure:	President
Connie Mack	heck One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought 791149.92	isbursement For: Primary General 12 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	61260.38
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	61260.38
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Rebecca Lambe [Electronically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	